

Academic Fee Waiver Application Cape Hatteras Lighthouse or Wright Brothers National Memorial

Please type or legibly print the information requested in the blanks below. Attach additional sheets if necessary.

Name of Academic Institution:			
Address:	City	State	Zip
Department:			
Academic Institution Phone Number: _			
Alternate Contact:	Email:		
Number of Faculty/Chaperons:	Number of Students	: Grade Lev	/el:
Number of Vehicles: Type (Bus/Car) Charter (Y/I		T/N):	
Wright Brothers Memorial - Arrival D	ate:	Arrival Time	:
Cape Hatteras Lighthouse - Arrival Da		ntact Lighthouse for great tract Lighthouse for great tractions at (252) 475	
Course Title and description of class/st	tudies or activity:		
State the educational purpose of trip and and/or Cape Hatteras Lighthouse:	d direct relation to th	e resources of Wrigh	at Brothers NM

Is the educational j	purpose of the visit part of your accredited curriculum? If yes, explain.
Will any filming o	r photography be involved with your activity? If yes, describe.
_	g up any equipment (tent, sound/PA system, catering, concessions)? If yes,
Are you utilizing t	he services of a commercial tour company? Yes No Only
If yes, has the tourYes	company removed your entrance and/or lighthouse fees from your tour price?No
How did members	s of your group learn about the opportunity to participate in this activity?
Yes No If granted, when? I hereby certify that fees be waived. Curinstitution by a Feet educational status	organization applied previously for a waiver for this activity? In the above detailed trip meets these requirements and therefore request that arrent official documentation of recognition of affiliation as an education deral, State or local government entity, or other evidence attesting to its attached. It is insufficient to merely state or imply this on official letterhead. Criently prepared documentation, may result in denial of requested waiver.
Signature of applic	eant
Title	Date
SUBMIT A	PPLICATION TO: caha_permits@nps.gov
	Do not write below this line
Signature	
Title	Date

APPROVED _____ DENIED _____